

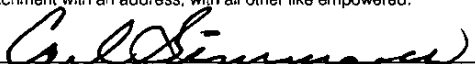


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 328191		
1. Entity Name SIMMONS CITRUS COMPANY, INC.		
Principal Place of Business 3027 BOYD COWART RD. WAUCHULA, FL 33873 US		Mailing Address JACK CLIETT ROAD P.O. BOX 846 WAUCHULA, FL 33873
DO NOT WRITE IN THIS SPACE		
		 04252007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1370626 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SIMMONS,CARL 226 ORANGE AVE WAUCHULA, FL 33873		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	SIMMONS,CARL	
STREET ADDRESS	226 ORANGE AVE	
CITY-ST-ZIP	WAUCHULA, FL	
TITLE	TD	
NAME	SIMMONS, FRANCES	
STREET ADDRESS	226 ORANGE AVE	
CITY-ST-ZIP	WAUCHULA, FL	
TITLE	TD	
NAME	SIMMONS,FRANCES	
STREET ADDRESS	226 ORANGE AVE	
CITY-ST-ZIP	WAUCHULA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date _____ Daytime Phone # _____